

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O., Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

April 27, 2007

Kevin Haight, Administrator Willowbrook Assisted Living Facility 1871 Julie Lane Twin Falls, ID 83301

License #: RC-845

Dear Mr. Haight:

On February 7, 2007, a life safety code survey was conducted at Willowbrook Assisted Living Facility. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CL/sc

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 16, 2007

Kevin Haight, Administrator Willowbrook Assisted Living Facility 1871 Julie Lane Twin Falls, ID 83301

Dear Mr. Haight:

On February 7, 2007, a life safety code survey was conducted at Willowbrook Assisted Living Facility - HS Willowbrook LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 9, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

PRINTED: 02/13/2007 FORM APPROVED **Bureau of Facility Standards** STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 - BUILDING 1 A. BUILDING B. WING 13R845 02/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1871 JULIE LANE** WILLOWBROOK ASSISTED LIVING FACILITY TWIN FALLS, ID 83301 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 7, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IH4C21

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number	
willowbrook Assisted Living	1871 Julie Lone	(208) 736-372	
Administrator	City	ZIP Code	
kerin Haight	Tun Fails ID	83301	
Survey Team Leader	Survey Type	Survey Date	
Chris Loumann	Fre Life Sufety.	2/7/07	

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BFS-686 March 2006